Case 1:19-cv 01328-AMD-RER DOCHMER TO THE IRS. Page 1 of 1 PageID #: 1090

DO NOT SUBMIT TO THE IRS -SUBMIT FORM TO THE NEW YORK CITY AGENCY 10/14 REVISION

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION

SUBSTITUTE FORM W-9:

FMS

TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.

I TPE OR PRINT INFORMAT	ION NEATLY. PLEAS	E REFER TO INSTRUCTI	UNS FUR WURE INF	ORMATION.	
Part I: Vendor Information					
Legal Business Name: (As it appears on IRS IRS Letter 147C -or- Social Security Administration Re		5, 2. If you use DBA, ple	ease list below:		
3. Entity Type (Check one only): Church or Church-Controlled Organization Personal Service Corporation					
Non-Profit Corporation/ LLC Government		City of New York Individual/ Sole Proprietor Trust			
Joint Venture Partnership/ LLC	Single Member LLC (Individual)	Resident/Non- Resident Alien	Non-United States Business Entity	Estate	
Part II: Taxpayer Identification Number & Taxpayer Identification Type					
Enter your TIN here: (DO NOT USE DAS Taypayor Identification Type (sheek app.)					
2. Taxpayer Identification Type (check appropriate box):					
Employer ID Number (EIN) Social Security Number (SSN) Individual Taxpayer ID Number (ITIN) N/A (Non-United States Business Entity)					
Part III: Vendor Addresses					
Number, Street, a 1. 1099 Address:		Apartment or Suite Number	City, State,and Nine Digit Zip Code or Country		
2. Account Administrator Address:		Number, Street, and Apartment or Suite Number		City, State,and Nine Digit Zip Code or Country	
Number, Stree 3. Billing, Ordering & Payment Address:		Apartment or Suite Number	City, State,and Nine Digit Zip Code or Country		
Part IV: Exemption from Backup Withholding and FATCA Reporting (See Instructions)					
Exemption Code for Backup Withholding Exemption Code for FATCA Reporting					
Part V: Certification					
Under penalties of perjury, I certify that: 1. The number shown on this form is my correct Taxp 2. I am not subject to Backup Withholding because: (a as a result of a failure to report all interest or divide 3. I am a US citizen or other US person, and 4. The FATCA code(s) entered on this form (if any) in	a) I am exempt from Backup V nds, or (c) the IRS has notified	Vithholding, or (b) I have not been d me that I am no longer subject to	notified by the IRS that I am o Backup Withholding, and	n subject to Backup Withholding	
The Internal Revenue Service does not require your of Sign Here:	consent to any provision of this	s document other than the certifica	ations required to avoid back	rup withholding.	
Signature		Phone Number	Date		
Print Preparer's Name		Phone Number	Contact's E-Mail Address:		
	FOR SUBMITTII	NG AGENCY USE ONLY			
Submitting Agency Code:	Contact Person:				
Contact's E- Mail Address:		Telephone Number:	()		
Payee/Vendor Code:					
DO NOT FORWARD W-9 TO COMPTROLI	LER'S OFFICE. AGENCI	ES MUST ATTACH COMPLE	ETED W-9 FORMS TO T	HEIR FMS DOCUMENTS.	